TN No. 92-01

Revision: HCFA-PM-91-4 August 1991

(BPD)

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory	: MICHIGAN					
Citation 42 CFR	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the					
430.10	MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (Single State Agency)					
	submits the following State Plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.					
TN No. 96-08	Approval Date 9-23-96 Effective Date 04/01/96					
Supersedes						

HCFA ID: 7982E

Revision:	HCFA-AT-80-38	(BPP
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May 22, 1980

State			MI	CHIGA	V	
	SECTION 1	SINGL	E STA	TE AG	ENCY ORGANIZATION	
Citation 42 CFR 431.10 AT-79-29		1.1 Designation and Authority				
			(a)	The	MICHIGAN DEPARTMENT OF	
					COMMUNITY HEALTH	

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN No. 96-099 Approval Date 9-23-96 Effective Date 04/01/96

Supersedes
TN No. 74-48